Fill in this information to identify the case: Debtor Name FANCHEST, INC., United States Bankruptcy Court for the: Eastern District of New York Check if this is an Case number: 20-43932-jmm amended filing Official Form 425C Monthly Operating Report for Small Business Under Chapter 11 12/17 December 01/20/2021 Month: Date report filed: MM / DD / YYYY Line of business: ecommerce NAISC code: In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete. james waltz Responsible party: Original signature of responsible party james waltz Printed name of responsible party 1. Questionnaire Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated. N/A Yes No If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A. V Did the business operate during the entire reporting period? 1 V Do you plan to continue to operate the business next month? 2. A 3. Have you paid all of your bills on time? V 4. Did you pay your employees on time? M Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? V Have you timely filed your tax returns and paid all of your taxes? 6. M 7. Have you timely filed all other required government filings? V Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? M Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B. V 10. Do you have any bank accounts open other than the DIP accounts? V 11. Have you sold any assets other than inventory? V 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? V 13. Did any insurance company cancel your policy? V 14. Did you have any unusual or significant unanticipated expenses? V 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?

16. Has anyone made an investment in your business?

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19. To Th mo	ve you paid any bills you owed before you filed bankruptcy? ve you allowed any checks to clear the bank that were issued before you file 2. Summary of Cash Activity for All Accounts tal opening balance of all accounts is amount must equal what you reported as the cash on hand at the enconth. If this is your first report, report the total cash on hand as of the date tal cash receipts tach a listing of all cash received for the month and label it Exhibit C. Income the context of the cash context of the parties, or loan your behalf. Do not attach bank stater up of Exhibit C.	d of the month in the previous te of the filing of this case.	\$_	1 1 1 1 1 1 1 1 1 1	.00
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21 To	eport the total from <i>Exhibit C</i> here.	\$ <u>67,500.0</u> 0			
21. 10	tal cash disbursements				
da tra che an	tach a listing of all payments you made in the month and label it <i>Exhibit</i> te paid, payee, purpose, and amount. Include all cash payments, debit of it needs needs issued even if they have not cleared the bank, outstated issued before the bankruptcy was filed that were allowed to clear the displayments made by other parties on your behalf. Do not attach bank solice of <i>Exhibit D</i> .	card nding his month,			
Re	eport the total from <i>Exhibit D</i> here.	φ			
22. Ne	t cash flow			17 500	00
	btract line 21 from line 20 and report the result here. is amount may be different from what you may have calculated as <i>net p</i>	profit.	+ \$_	17,500	<u>0</u> 0
23. Ca	sh on hand at the end of the month				
Ad	ld line 22 + line 19. Report the result here.			17 500	00
Re	port this figure as the cash on hand at the beginning of the month on yo	our next operating report.	= \$_	17,500.	<u></u>
	is amount may not match your bank account balance because you may ve not cleared the bank or deposits in transit.	have outstanding checks that			
	3. Unpaid Bills				
hav	ach a list of all debts (including taxes) which you have incurred since the ve not paid. Label it <i>Exhibit E.</i> Include the date the debt was incurred, w rpose of the debt, and when the debt is due. Report the total from <i>Exhib</i>	ho is owed the money, the			
24. To	tal payables		\$_	0.	.00
	(Exhibit E)				

Debtor Name FANCHEST, INC.

Case number 20-43932-jmm

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 0.00

(Exhibit F)

5. Employees

- 26. What was the number of employees when the case was filed?
- 27. What is the number of employees as of the date of this monthly report?

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?	\$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?	\$ 0.00
30. How much have you paid this month in other professional fees?	\$ 0.00
31. How much have you paid in total other professional fees since filing the case?	\$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A Projected	_	Column B Actual	_	Column C Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$	-	\$ 67,500.00	=	\$_67,000.00
33. Cash disbursements	\$	_	\$_50,000.00	=	\$_50,000.00
34. Net cash flow	\$	-	\$ 17,500.00	=	\$ 17,500.00

- 35. Total projected cash receipts for the next month:
- 36. Total projected cash disbursements for the next month:
- 37. Total projected net cash flow for the next month:

0

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Debtor Name	FANCHEST, INC.,	Case number_20-43932-jmm
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If available, check the box to the left and attach copies of the following documents.

38. Bank statements for each open account (redact all but the last 4 digits of account numbers).

☐ 39. Bank reconciliation reports for each account.

40. Financial reports such as an income statement (profit & loss) and/or balance sheet.

■ 41. Budget, projection, or forecast reports.

42. Project, job costing, or work-in-progress reports.

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Date 12/31/20 Primary Account

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FANCHEST INC DEBTOR IN POSSESSION CASE # 1-20-43932-JMM 4 CIRCLE DRIVE RUMSON NJ 07760

Account Title:

FANCHEST INC DEBTOR IN POSSESSION CASE # 1-20-43932-JMM

DEPOSITS AND OTHER CREDITS

Date Description Amount

12/31 Wire Transfer Credit 67,500.00
PHOENIX GROWTH CAPITAL, LLC
35 E SHADY LN
HOUSTON, TX 77063-1301
DEBTOR IN POSSESSION CASE 1 20
2 JMM
20201231T1B7031R019808
20201231MMQFMP9N000389
12311345FT01

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Date 12/31/20 Primary Account

0392

Basic Business Checking

0392 (Continued)

DAILY BALANCE INFORMATION
Date
Balance Date
12/01 .00 12/31

67,500.00

*** END OF STATEMENT ***

Wire Transfer

DWR-00437641 - FanChest Inc.-DIP Case 1-20-43932-JMM (FANdip)



Wire Details

Transaction Number DWR-00437641
Recurring Frequency One-Time Payment
Amount USD 50,000.00

Debit Account *0392 - DDA (Operating) - bofi (122287251)

Notify Initiator Options Pending Actions: Notify via EMAIL

Pending Release: Notify via EMAIL System Events: Notify via EMAIL

Complete - Unsuccessful: Notify via EMAIL Complete - Successful: Notify via EMAIL Early Action Taken: Notify via EMAIL Early Action Removed: Notify via EMAIL

Expired: Notify via EMAIL

Payment Date 12/31/2020

Originator Information

Originator Name FanChest Inc.-DIP Case 1-20-43932-J

Originator Address 1 4 Circle Drive

Originator Address 2 Rumson, NJ 07760 US

Originator Address 3

Beneficiary / Payee Information

Beneficiary Bank Information

Name Luby Olson PC
Beneficiary ID Type Account Number
Beneficiary ID 4204

Address 1 405 broad street

Address 2

Address 3 meriden CT 96450

Beneficiary Country US

Contact Name Thomas Luby
Phone Number 2034946851

Name ION BANK
Beneficiary Bank ID Type Fed ABA
Beneficiary Bank ID 4178

Address 1 1231 east main street

Address 2

Address 3 meriiden, CT 96450

Intl Routing Number
Beneficiary Bank Country US

Additional Reference Information

Purpose Of Payment back rent

Additional Information For As counsel for Fosdick Fullfillment

Beneficiary

Status History

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Timestamp	Status	Initiator	Description
Dec 31, 2020 2:02:03 PM PST	Expired	SYSTEM	Payment date is in the past.
Dec 31, 2020 1:01:33 PM PST	Pending Release	SYSTEM	The transfer is available for release.
Dec 31, 2020 1:01:33 PM PST	Created	FANdip / jwaltz (James (Jim) Waltz)	Wire Created.